

JUVENILE JUSTICE INITIAL SERVICE PLAN

SECTION I

| | |
|-------------------------------|--------------------------------------|
| Name: | DOB: |
| DHS Case #: | Court File#: |
| Date Report Completed: | County of Referral/Commitment |
| Court and Judge | |
| Acceptance Date: | |

LEGAL STATUS

Select all that apply:

- ☐ Current Adjudication in Family Division Circuit
- ☐ Current Adjudication in Adult Division Circuit
- ☐ Temporary Court Ward Delinquent
- ☐ Permanent Court Ward Abuse/Neglect (PA 296)
- ☐ Temporary Court Ward/Neglect Abuse (PA 280)
- ☐ Court Ward Supervised Adoption
- ☐ State Ward MCI (Act 220)
- ☐ State Ward Temporary Observation MCI-O
- ☐ State Ward Delinquent (Act 150)
- ☐ Dual Wardship (PA 150 & PA 296)
- ☐ Dual Wardship (PA 150 & PA 220)
- ☐ Other _____

| | | |
|--|---------|-------------|
| Current and Prior Known Offenses: <input type="checkbox"/> None | | |
| Date | Offense | Disposition |
| | | |

| | | |
|----------------------------------|----------------|---------------------|
| Prior Known Placement(s): | | |
| Date Began | Date completed | Placement Name/Type |
| | | |

SECTION II - CLASSIFICATION REPORT

Answer each question for the youth, using the score that best describes the youth and family. Total the score for the questions and determine the youth's risk level for reoffending.

| 1. Age at First Adjudication | | SCORE |
|---|---|-------|
| 16 or over | 0 | |
| 15 | 1 | |
| 12 - 14 | 2 | |
| 11 or under | 3 | |
| 2. Is Either the Current or Most Serious Prior Adjudication for a Robbery or Burglary Offense? | | |
| None | 0 | |
| One | 1 | |
| Both | 2 | |
| 3. Number of Prior Adjudicated Offenses | | |
| One to three | 0 | |
| Four or more | 1 | |
| 4. Youth Has Exhibited Physically Assaultive Behavior | | |
| No | 0 | |
| Yes | 1 | |

| | | |
|--|---|---------------------------------------|
| 5. History of Drug Usage | | |
| No known use or experimentation only | 0 | |
| Regular use, serious disruption of functioning..... | 1 | |
| 6. Placed on Probation by Juvenile Court Prior to DHS Commitment? | | |
| No | 0 | |
| Yes..... | 1 | |
| 7. School Expulsion/Suspensions | | |
| None or suspended over a year ago..... | 0 | |
| Currently expelled or suspended in last year | 1 | |
| 8. Last Grade Completed | | |
| 9th Grade or higher | 0 | |
| 7th or 8th grade | 1 | |
| 6th grade or lower..... | 2 | |
| 9. Level of Parental/Caretaker Control | | |
| Generally effective even if inconsistent..... | 0 | |
| Little or no supervision provided | 2 | |
| 10. Peer Relationships | | |
| Good support and influence; associates with non-delinquent friends | 0 | |
| Not peer-oriented or some companions with delinquent orientations | 1 | |
| Most companions involved in delinquent or gang involvement/membership..... | 2 | |
| 11. Youth Has a Sibling With a History of Juvenile or Adult Arrest, Conviction, or Incarceration? | | |
| No | 0 | |
| Yes..... | 1 | |
| 12. Youth Was Placed in Substitute Care Because of Abuse or Neglect? | | |
| No | 0 | |
| Yes..... | 2 | |
| | | TOTAL SCORE ▶ |
| Levels of Risk for Reoffending: 0 - 4 = Low, 5 - 8 = Moderate, 9 - 19 = High | | REOFFENSE RISK LEVEL ▶ |

| SECURITY LEVEL RECOMMENDATION MATRIX | | |
|---|-----------------------------------|--|
| MOST SERIOUS ADJUDICATED OFFENSE CATEGORY | REOFFENSE RISK LEVEL | SECURITY LEVEL ASSIGNMENT (RECOMMENDED) |
| CLASS I & II Offense Code: Offense Name: | <input type="checkbox"/> HIGH | <input type="checkbox"/> SECURE |
| | <input type="checkbox"/> MODERATE | <input type="checkbox"/> SECURE |
| | <input type="checkbox"/> LOW | <input type="checkbox"/> NON- SECURE |
| CLASS III Offense Code: Offense Name: | <input type="checkbox"/> HIGH | <input type="checkbox"/> NON- SECURE |
| | <input type="checkbox"/> MODERATE | <input type="checkbox"/> NON- SECURE |
| | <input type="checkbox"/> LOW | <input type="checkbox"/> NON- SECURE |
| CLASS IV & V Offense Code: Offense Name: | <input type="checkbox"/> HIGH | <input type="checkbox"/> NON- SECURE |
| | <input type="checkbox"/> MODERATE | <input type="checkbox"/> NON- SECURE |
| | <input type="checkbox"/> LOW | <input type="checkbox"/> NON- SECURE |
| | | DHS SECURITY LEVEL OVERRIDE: ENTER YES OR NO ▶ |
| | | SUPERVISOR INITIAL |

| | |
|--|--|
| DHS SECURITY LEVEL OVERRIDE REASON: CODE ▶ | |
| DHS FINAL RECOMMENDED SECURITY LEVEL ▶ | |

JUDICIAL ORDERED SECURITY LEVEL

☐ SECURE ☐ NON-SECURE

SECTION III PERMANENCY PLANNING:

A. FEDERAL GOAL

Appropriate Permanency Plan Goals are:

- ☐ Reunification
- ☐ Permanent Placement With a Fit and Willing Relative
- ☐ Adoption
- ☐ Another Planned Permanent Living Arrangement
- ☐ Guardianship

B. REASONABLE EFFORTS

It was determined that reasonable efforts were made to prevent or eliminate the need for placement or to allow the youth to return home. *The following resources and services were made available to the family to prevent placement:*

"Click Here and Type"

C. COMPELLING REASONS

If the youth has been in out of home care for 15 of the last 22 months and a petition to terminate parental rights has not been filed please indicate the compelling reasons why below:

- ☐ Youth is age 14 or over and refuses to consent to adoption.
- ☐ Youth's treatment services have not been completed.
- ☐ Youth is 18 years of age or older.
- ☐ The permanency goal of independence is expected within 18 months.
- ☐ There are financial benefits for the child to maintaining parental rights.
- ☐ The parent suffers from chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
- ☐ There is an appropriate kinship caregiver to care for the child and the kinship caregiver is not willing to adopt the child.
- ☐ Child is an unaccompanied refugee minor.
- ☐ Other If this is the compelling reason, there must be clear documentation within the service plan of the individual circumstances of the child that necessitates this selection.

SECTION IV RESTITUTION:

On _____, it was verified that the juvenile owes _____ in court ordered restitution.

"Click Here and Type"

VICTIM RESTITUTION REQUIREMENT:

Is there a Victim Restitution order in effect? ☐ Yes ☐ No ☐ Unknown
 If yes, is payment being made? ☐ Yes ☐ No ☐ Deferred

If no, report of the arrearage and known reasons for the arrearage were sent to the court and prosecuting attorney on _____

Crime Victim Assessment Fee: ☐ Yes ☐ No

VICTIM/COMMUNITY RESTORATION:

What harm has been done or has resulted from the delinquent behavior?

"Click Here and Type"

VICTIM NOTIFICATION:

Has Victim Notification been requested? ☐ Yes ☐ No ☐ N/A

SEX OFFENDER REGISTRATION:

Has youth been advised of Sex Offender Registration Requirement? ☐ Yes ☐ No ☐ N/A

DNA PROFILE COMPLETED? ☐ Yes ☐ No ☐ N/A

PARENT NOTIFICATION:

The next court hearing/progress review will be _____

SOCIAL WORK CONTACTS:

| Date | Type of Contact | Person Contacted | Comments |
|------|-----------------|------------------|----------|
| | | | |

Provided relative caregiver with DHS Publication 457 "Relative Caregiver Resources & Responsibilities" (See JJ4 430, Community Placement, p. 3)

☐ Yes ☐ No ☐ N/A

SECTION V

FAMILY HISTORY:

Select all that apply to youth/family:

- ☐ Family needs assistance in transportation _____
- ☐ Religious preference _____
- ☐ Language other than English _____
- ☐ Special dietary needs _____
- ☐ Visually impaired _____
- ☐ Hearing impaired _____
- ☐ Developmentally disabled _____
- ☐ IQ less than 70 _____
- ☐ Other _____

"Click Here and Type"

YOUTH ASSESSMENT/ACCOUNTABILITY:

"Click Here and Type"

CURRENT PLACEMENT/PROJECTED PLACEMENT:

The youth is placed: ☐ Out of Home ☐ In Home

The youth was placed at: _____ on _____.
Name

It is anticipated that _____ will remain in this placement until _____.
Youth's Name

It is expected that the next placement will be _____.
Type of Placement

This placement is the least restrictive placement available to best meet the youth's needs based on the youth's committing offense, risk of re-offending and needs assessment. It is the placement in closest proximity to the youth's parents to facilitate visitation and involvement in planning based on the availability of placement and the youth's needs.

Determination of Care:

If relevant, provide justification for the difficulty of care "level of" for youth placed in family foster care.

"Click Here and Type"

SECTION VI - TREATMENT PLAN:

The permanency plan goal is ☐ _____

The time frame for achieving the Permanency Plan Goal: _____ month _____ year

This treatment plan is developed to assure that each child will receive safe and proper care and services by the following activities. The worker will provide assurance of the best possible care by maintaining contact with the accepting facility, by participating in the development of the service plans and treatment goals, by attending conferences, and participating in the after care planning.

☐ Yes ☐ No The youth's parents were informed of placement, visitation rights, of their right to give input to the treatment planning for the youth and all scheduled reviews.

D1 Family Relationships

Does youth have an identified family? ☐ Yes ☐ No. If no, do not answer this question.

| | |
|--------|--|
| Family | |
|--------|--|

Explain the reason for scoring in the space provided.

"Click Here and Type"

☐ Youth's family is not supportive of Treatment ☐ Youth's family will impede treatment process

I. Family Relationship Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) Responsible

"Click Here and Type"

D2 Emotional Stability

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided. If mental illness is checked, type in the diagnosis in the space provided.

"Click Here and Type"

For the youth and family, indicate which, if any, of the following behaviors or descriptions apply:

| Family | Youth | Family | Youth |
|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> Suicide Attempt(s) (Documented or Self-reported) | <input type="checkbox"/> | <input type="checkbox"/> Truancy/Escape (Placement) What was the security level the escape was from? <input type="checkbox"/> Non-secure <input type="checkbox"/> Secure | <input type="checkbox"/> |
| <input type="checkbox"/> Attempts within 1 year | <input type="checkbox"/> | <input type="checkbox"/> Mental Illness (DSM) | <input type="checkbox"/> |
| <input type="checkbox"/> Attempts within 2 years | <input type="checkbox"/> | <input type="checkbox"/> Diagnosis: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Suicide Posturing/Gestures | <input type="checkbox"/> | <input type="checkbox"/> Diagnosis: _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Severe Mood Swings | <input type="checkbox"/> | <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Setting (Gratification) | <input type="checkbox"/> | <input type="checkbox"/> Psychotropic Medication | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Setting (Retaliation) | <input type="checkbox"/> | <input type="checkbox"/> A.D.H.D. | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Setting (Accidental) | <input type="checkbox"/> | <input type="checkbox"/> Anti-depressant | <input type="checkbox"/> |
| <input type="checkbox"/> Self Mutilation History | <input type="checkbox"/> | <input type="checkbox"/> Anti-psychotic | <input type="checkbox"/> |
| <input type="checkbox"/> Active/Recent | <input type="checkbox"/> | <input type="checkbox"/> Combination of Type | <input type="checkbox"/> |
| <input type="checkbox"/> Requires Professional/Medical Attention | <input type="checkbox"/> | <input type="checkbox"/> Abuse of Animals | <input type="checkbox"/> |
| <input type="checkbox"/> Truancy/Escape (Community Based) | <input type="checkbox"/> | <input type="checkbox"/> Enuresis (related to emotional conditions) | <input type="checkbox"/> |
| | | <input type="checkbox"/> Manipulation of Bodily Fluids (smearing, etc.) | <input type="checkbox"/> |

I. Emotional Stability Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) responsible:

"Click Here and Type"

D3 Substance Abuse

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

For the youth and family, indicate which, if any, of the following behaviors or descriptions apply:

| | | | |
|---|--------------------------|---|--------------------------|
| Family | Youth | Family | Youth |
| <input type="checkbox"/> Denial | <input type="checkbox"/> | <input type="checkbox"/> Prior Treatment Failures | <input type="checkbox"/> |
| <input type="checkbox"/> Refusal of treatment | <input type="checkbox"/> | <input type="checkbox"/> Selling drugs | <input type="checkbox"/> |
| <input type="checkbox"/> Prior successful treatment | <input type="checkbox"/> | | |

Describe substance use/abuse noted above by type (check all that apply, leave blank if none):

| | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|------------------------------------|
| Youth | Family | Youth | Family | Youth | Family |
| <input type="checkbox"/> | <input type="checkbox"/> Cocaine | <input type="checkbox"/> | <input type="checkbox"/> Amphetamine | <input type="checkbox"/> | <input type="checkbox"/> PCP |
| <input type="checkbox"/> | <input type="checkbox"/> Heroin | <input type="checkbox"/> | <input type="checkbox"/> Marijuana/Cannabis | <input type="checkbox"/> | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> | <input type="checkbox"/> Alcohol | <input type="checkbox"/> | <input type="checkbox"/> Prescription Medicine | <input type="checkbox"/> | <input type="checkbox"/> LSD |
| <input type="checkbox"/> | <input type="checkbox"/> Injects any substance | <input type="checkbox"/> | <input type="checkbox"/> Cigarette Use | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> Other _____ | | |

I. Substance Abuse Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) Responsible:

"Click Here and Type"

D4 Social Relations

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

| | | | |
|--|--------------------------|--|--------------------------|
| Family | Youth | Family | Youth |
| <input type="checkbox"/> Intimidating/threatening (non-physical) | <input type="checkbox"/> | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> |
| <input type="checkbox"/> Oppositional/Defiant | <input type="checkbox"/> | <input type="checkbox"/> Provoked | <input type="checkbox"/> |
| <input type="checkbox"/> Predatory (Non-Sexual) | <input type="checkbox"/> | <input type="checkbox"/> Unprovoked | <input type="checkbox"/> |
| <input type="checkbox"/> Socially Withdrawn | <input type="checkbox"/> | <input type="checkbox"/> Adults | <input type="checkbox"/> |
| | | <input type="checkbox"/> Peers | <input type="checkbox"/> |
| | | <input type="checkbox"/> Persistent | <input type="checkbox"/> |
| | | <input type="checkbox"/> Occasional | <input type="checkbox"/> |
| | | <input type="checkbox"/> Weapon | <input type="checkbox"/> |

I. Social Relations Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) Responsible:

"Click Here and Type"

D5 Education

Special education (check one)

☐

Yes

☐

No

If yes:

Date:

School:

School District:

Check all that apply for youth:

☐ Emotionally Impaired: EI
Rule 340.1706

☐ Cognitively Impaired: CI
Rule 340.1705

☐ Otherwise Health Impaired: OHI
Rule 340.1709(a)

☐ Speech and Language Impaired: SLI
Rule 340.1710

☐ Learning Disabled: LD Rule 340.1713

☐ Traumatic Brain Injury: TBI
Rule 340.1716

☐ Hearing Impaired: HI Rule 340.1707

☐ Autistic: AI Rule 340.1715

☐ Visually Impaired: VI Rule 340.1708

☐ Physically Impaired: PI Rule 340.1709

| | |
|-------|--|
| Youth | |
|-------|--|

Explain the reason for scoring in the space provided.

"Click Here and Type"

Last School Attended:

Last Grade Completed:

☐ Youth's IQ 50 – 69

☐ Drop Out

☐ Off Ground School

☐ Graduated:
Date Diploma
received _____

☐ Youth's IQ 70+

☐ Suspension

☐ Truancy from School

☐ Expelled

☐ GED:
Date received _____

☐ On Ground School

☐ Disruptive Behavior

I. Educational Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) Responsible:

"Click Here and Type"

D6 Victimization

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.
["Click Here and Type"](#)

| | | | |
|--|--------------------------|---|--------------------------|
| Family | Youth | Family | Youth |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> | <input type="checkbox"/> Seeks to be victimized as a result of past abuse | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> Sexually Assaulted by person not responsible for care of youth | <input type="checkbox"/> |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> Bullying | <input type="checkbox"/> |
| <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> | | |

- I. Victimization Goal(s):
["Click Here and Type"](#)
- A. Objective(s):
["Click Here and Type"](#)
- B. Time Frames:
["Click Here and Type"](#)
- C. Indicators:
["Click Here and Type"](#)
- D. Individual(s) Responsible:
["Click Here and Type"](#)

D7 Sexuality

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.
["Click Here and Type"](#)

| | | | |
|--|--------------------------|---|--------------------------|
| Family | Youth | Family | Youth |
| <input type="checkbox"/> Inappropriate Sexual Behavior | <input type="checkbox"/> | <input type="checkbox"/> Predatory Sexual Behavior, Opposite Sex | <input type="checkbox"/> |
| <input type="checkbox"/> Incest | <input type="checkbox"/> | <input type="checkbox"/> Predatory Sexual Behavior, Same Sex | <input type="checkbox"/> |
| <input type="checkbox"/> Multiple Perpetrator Involved | <input type="checkbox"/> | <input type="checkbox"/> Prostitution | <input type="checkbox"/> |
| <input type="checkbox"/> Pedophile | <input type="checkbox"/> | <input type="checkbox"/> Sexually Reactive | <input type="checkbox"/> |
| | | <input type="checkbox"/> Violence/force | <input type="checkbox"/> |
| | | <input type="checkbox"/> Weapon | <input type="checkbox"/> |
| | | <input type="checkbox"/> Needs Sex Offender Step Down Program | <input type="checkbox"/> |
| | | <input type="checkbox"/> Accepts Responsibility for Adjudicated Offense | <input type="checkbox"/> |
| | | <input type="checkbox"/> Willing to Participate in Treatment | <input type="checkbox"/> |

- I. Sexuality Goal(s):
["Click Here and Type"](#)
- A. Objective(s):
["Click Here and Type"](#)
- B. Time Frames:
["Click Here and Type"](#)
- C. Indicators:
["Click Here and Type"](#)
- D. Individual(s) Responsible:
["Click Here and Type"](#)

D8 Life Skills/Functional Independence

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

I. Life Skills Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) Responsible:

"Click Here and Type"

The youth's above transitional living plan must include the following:

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vocational Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social skills |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Information on how to obtain and maintain housing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Economic self sufficiency |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ability to manage resources | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employment Opportunities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sufficient living skills to live independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Realistic goals and expectations | | | |

** If no to any of the above explain why not.

"Click Here and Type"

D9 Employment

Is Youth 16 years of age or older

☐

Yes

☐

No.

If yes, score below.

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

I. Employment Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

- D. Individual(s) Responsible:
"Click Here and Type"

D10 Health Care / Hygiene

| | |
|--------|--|
| Family | |
| Youth | |

Explain the reason for scoring in the space provided.

"Click Here and Type"

Date of Most Recent Medical Exam: _____
Date of Most Recent Dental Exam: _____

| Family | Youth | Family | Youth |
|---|--------------------------|--|--------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> |
| <input type="checkbox"/> Blind | <input type="checkbox"/> | <input type="checkbox"/> Diabetic | <input type="checkbox"/> |
| <input type="checkbox"/> Closed Head Injury | <input type="checkbox"/> | <input type="checkbox"/> Insulin Dependent | <input type="checkbox"/> |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> | <input type="checkbox"/> Controlled by medication and diet | <input type="checkbox"/> |
| <input type="checkbox"/> Disabled Physically | <input type="checkbox"/> | <input type="checkbox"/> Uncooperative with Treatment | <input type="checkbox"/> |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> | <input type="checkbox"/> Brittle Bone Disease | <input type="checkbox"/> |
| <input type="checkbox"/> Has had previous intervention | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy (1 st Trimester) | <input type="checkbox"/> |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy (2 nd Trimester) | <input type="checkbox"/> |
| <input type="checkbox"/> Controlled with medication | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy (3 rd Trimester) | <input type="checkbox"/> |
| <input type="checkbox"/> Epileptic Seizures (Controlled with medication) | <input type="checkbox"/> | <input type="checkbox"/> Wheelchair Bound | <input type="checkbox"/> |
| <input type="checkbox"/> Epileptic Seizures (Uncontrolled) | <input type="checkbox"/> | <input type="checkbox"/> Terminal Illness | <input type="checkbox"/> |
| | | <input type="checkbox"/> 24 hour Nursing Needed | <input type="checkbox"/> |
| | | <input type="checkbox"/> Encopresis | <input type="checkbox"/> |
| | | <input type="checkbox"/> Controlled with medication | <input type="checkbox"/> |
| | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> |

- I. Health Care/Hygiene Goal(s):
"Click Here and Type"
- A. Objective(s):
"Click Here and Type"
- B. Time Frames:
"Click Here and Type"
- C. Indicators:
"Click Here and Type"
- D. Individual(s) Responsible:
"Click Here and Type"

D11 After Care Living Situation

| | |
|-------|--|
| Youth | |
|-------|--|

0 Youth has appropriate living situation

- 1 Possible living situation exists but requires treatment intervention to be appropriate.
- 2 Youth has no appropriate living situation.

Explain the reason for scoring in the space provided.

"Click Here and Type"

Indicate if the youth has a reintegration plan in place

☐ Yes ☐ No

I. After Care Goal(s):

"Click Here and Type"

A. Objective(s):

"Click Here and Type"

B. Time Frames:

"Click Here and Type"

C. Indicators:

"Click Here and Type"

D. Individual(s) Responsible:

"Click Here and Type"

D12 Any Additional Needs that were not addressed.

"Click Here and Type"

Based on this assessment, identify the priority needs and strengths of the **youth** below (indicate D code and title of the item). The priority needs and strengths must be addressed in the goals and objectives for the youth.

| Needs | Strengths |
|-------|-----------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

Based on this assessment, identify the priority needs and strengths of the **family** below (indicate D code and title of the item). The priority needs and strengths must be addressed in the goals and objectives for the family.

| Needs | Strengths |
|-------|-----------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

SECTION VII

JJS Recommendations:

"Click Here and Type"

VISITATION

"Click Here and Type"

- ☐ Monthly (youth in community placement)
- ☐ Monthly (youth in residential or another county)
- ☐ Monthly by phone and monthly face to face (youth in detention) (Initial visit within 3 working days.)

Distribution of Plan: _____

| | | | |
|-----------------------------|--------|-------------|------|
| Juvenile Justice Specialist | (Name) | Load Number | Date |
|-----------------------------|--------|-------------|------|

Specialist Signature

| | | |
|------------|--------|------|
| Supervisor | (Name) | Date |
|------------|--------|------|

Supervisor Signature

Date Typed: _____

By: _____